

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	-					
5						
6						
7	1					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28	1					
29						
30						
31						
32						
33	1					
34						
35						
36						
37						
38						
39						
40						
41	1					
42			1			
43						
44						
45						
46						
47		8				
48		8				
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
51												
52												
53												
54												
55	1											
56												
57												
58												
59												
60												
61	1											
62												
63												
64												
65												
66	1											
67					1							
68					1							
69					1							
70					1							
71	1											
72			1									
73		2										
74		2										
75		2										
76		2										
77		2										
78		2										
79	1											
80		1										
81		1										
82		1										
83		1										
84	1											
85												
86												
87												
88												
89												
90							7					
91							8					
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												